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June 26, 2003

SUGHRUE, MION, ZINN, MACPEAK & SEAS, PLLC
2100 PENNSYLVANIA AVENUE, N.W.
WASHINGTON, DC 20037-3213
US

Dear Sir/Madam,

This is to Deny your refund request in the amount of \$280.00, for serial number 09/756,214.


A through review of the above-identified application reveals that no refund is due. Because the fee of \$270.00 was an insufficient payment to participate under the multiple dependent program, the Office credit the fee to deposit account number 19-4880 on 06/18/01 and charged the correct amount \$280.00 to deposit account number 19-4880 on 11/18/02.

The following fees were due at filing of this application:

Basic Filing Fee	\$710.00
Multiple Dependent Claims Program	\$280.00
Total claims 10	
Total independent claims 3	

Any inquiry concern this letter should be address to Margaret Stevens on 703-305-3608 or Fax number 703-308-4407.

Sincerely,


MARGARET STEVENS
Technology Center 1600
Refund Section, Office of Finance